

Mountwest Community and Technical College
Financial Aid Office
2021-2022 Satisfactory Academic Progress Appeal Process

To receive financial aid administered by Mountwest Community and Technical College, you must be making satisfactory academic progress (SAP) toward completion of an eligible degree. For this reason, your SAP for financial aid is calculated each semester to verify that you have met all Federal SAP standards. Federal regulations require that academic progress be evaluated both quantitatively and qualitatively. Mountwest's policy is outlined below and is available on our website, www.mctc.edu.

Associate Degree

Hours Attempted	Cumulative GPA	Completion Ratio
Mid-Term Evaluation	1.75	67%
0-44	1.75	67%
45+	2.0	67%

Certificate Degree

Hours Attempted	Cumulative GPA	Completion Ratio
Mid-Term Evaluation	1.75	67%
0-15	1.75	67%
16+	2.0	67%

Attempted hours are considered all credit hours in which you were enrolled. All credit hours attempted at Mountwest, including repeated courses with a grade of "F", "W", "I" and all transfer hours to be used toward a degree at Mountwest Community and Technical College that were pursued at a previous institution will be counted in the determination of hours attempted.

INSTRUCTIONS:

- IF YOU DID NOT MEET THE PROGRESS REQUIREMENTS because you had unusual circumstances, you may file an appeal with our office. You will need to demonstrate the unusual circumstances beyond your control. These circumstances should be one time occurrences that are not likely to be repeated.
- READ THE INSTRUCTIONS CAREFULLY. All forms and documentation must be submitted by the respective deadline. **Incomplete appeals will not be reviewed.** Appeals received after the deadline will be considered for the next semester. Deadlines are published on the MCTC Financial Aid Page.
- PROCESSING TIME WILL VARY. Appeals are reviewed within 15 business days of receipt. You will be notified in writing once a decision has been made; however, you may track the processing of your appeal through your MyMCTC account.
- TIMING OF YOUR APPEAL FILING IS IMPORTANT. If you file late, you must pay your own tuition by the tuition due date or you will be dropped from your courses for nonpayment. **Do not rely on the success of your appeal for tuition payment.** You must attend all of your classes while awaiting your appeal decision but, be aware that if your appeal is denied you will be responsible for paying all charges from your own resources.
- AN APPEAL DOES NOT GUARANTEE A FULL AWARD. If you did not meet the academic progress requirements, you have lost your financial aid eligibility which may include all of the aid that was offered to you for the remainder of the academic year. If your eligibility is reinstated through an appeal, we will award you with the funds we currently have available.
- IF YOUR APPEAL IS DENIED, your current or future offer of aid is subject to cancellation, and no aid (grants or loans) can be paid to you.

Mountwest Community and Technical College
Financial Aid Office
2021-2022 Financial Aid Suspension Appeal Form

Last Name, First Name, M.I.

942-_____
Student ID Number

Telephone Number (Including Area Code)

Email Address

Please use this form, along with required supporting documentation, to appeal the suspension of your financial aid eligibility resulting from your failure to meet Mountwest's minimum standards for Satisfactory Academic Progress (SAP). Only valid appeals with documented extenuating circumstances will be reviewed by the Financial Aid Office. Be sure to add your name and student id number to all forms of documentation submitted.

Complete this packet to appeal your Financial Aid Suspension. Incomplete appeals will not be reviewed.

DESCRIPTION OF EXTENUATING CIRCUMSTANCES AND REQUIRED DOCUMENTATION

I wish to appeal the suspension of my financial aid for the reason(s) indicated below:

- MEDICAL:** If a personal medical problem contributed to your failure to maintain SAP, attach documentation that includes treatment dates from a medical professional from whom you have received treatment.
- DEATH/ILLNESS:** If the death or illness of an immediate family member contributed to your lack of SAP, please attach appropriate copies of medical records, death certificate, obituary etc.
- DIVORCE OR MARRIAGE SEPARATION:** Provide a letter from your or your parent's attorney on the law firm's letterhead or copy of divorce decree.
- DISASTERS:** If events such as fire, flood, earthquake, earth tremors, etc. have occurred you must provide insurance claims or other documentation verifying the date of the disaster.
- SIGNIFICANT TRAUMA THAT IMPAIRED YOUR EMOTIONAL AND/OR PHYSICAL HEALTH:** Provide a detailed explanation regarding the specific circumstances of your condition. Include dates and what you have done to overcome your condition. Attach supporting documentation from a third party; physician, social worker, counselor, police, attorney, etc. Explain how the situation has changed to such an extent that it will not impair your future academic performance
- WORK RELATED DIFFICULTIES:** If the loss or change in employment impaired your performance you must provide a letter from employer that verifies the dates and duration of the occurrence. The statement should specifically address work related difficulties and timeframes for which difficulty existed and how the work situation has changed to such an extent that it should not significantly impair future academic performance.
- OTHER CIRCUMSTANCES:** Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation. Explain how the situation has changed to such an extent that it will not impair your future academic performance. Attach a separate letter if this box is checked.

Note: Circumstances related to the typical adjustment to college life, such as working while attending school, financial issues related to paying bills, and/or car maintenance/travel to campus, are not considered as extenuating for purposes of appealing.

Last Name, First Name, M.I.

942-_____
Student ID Number

The following requirements must be submitted to the Financial Aid Office for your appeal to be reviewed:
1. A completed Appeal Form
2. A signed, formal, personal statement explaining your extenuating circumstances
3. Supporting documentation that supports your extenuating circumstances
4. An explanation of steps that will be taken to ensure that the minimum SAP standards will be met
5. An academic plan completed and signed by your Academic Advisor

STEPS FOR ACHIEVING SAP:

- Current Major: _____
- Anticipated Graduation Date: _____
- I need to complete _____ credit hours to graduate.
- My current GPA is * _____
- My GPA should be _____ according to SAP standards.
- I have attempted* _____ credit hours throughout my academic history.
- I have successfully completed * _____ credit hours throughout my academic history.

*For continuing students, academic information may be found on your MyMCTC account. Select the following menu items; Student Information & Financial Aid, then Student Records, and then Academic Transcript. After you hit Submit, towards the bottom you will find the Transcript Totals section with your cumulative GPA and credit hours.

- My current Completion Percentage is ** _____ %
- My Completion Percentage should be 67% according to SAP standards.

**To calculate your completion percentage you take the total hours you passed and divide it by the total hours you attempted.

Please check the box for all of your **strategies**, including any plans you have or will need to have, which will help to achieve the Standards of Academic Progress, as well as, graduate in your stated program. A signature from the appropriate faculty or staff member must be provided signifying that you made contact with them..

- Seek assistance from the Academic Skills Center: School Official's Signature _____
 - Tutoring Services
- Seek assistance from Student Services: School Official's Signature _____
 - Disability Services
 - Counseling Services
- Seek assistance from Academic Affairs: School Official's Signature _____
 - Academic Advisor
 - Professors
- Seek assistance from your Academic Advisor for: School Official's Signature _____
 - Academic Forgiveness
 - D/F Repeat
- Other _____

Last Name, First Name, M.I.

STUDENT CERTIFICATION:

I understand that appeal decisions are made on a case-by-case basis. I understand the submission of this form does not constitute an approval of my appeal and that I must still make payment arrangements.

I understand if my appeal is:

- DENIED, I will not receive financial aid and will make alternative payment arrangements. By signing below, I understand that decisions are processed on a case-by-case basis and the Financial Aid Office may deny any SAP appeal. I also understand that the decision of the appeal is final. I understand that in order to regain my financial aid eligibility I must meet the federal SAP requirements.
- APPROVED, I will be granted aid on a probationary status. By signing below, I understand that in order to continue my eligibility I will be expected to meet all SAP requirements. I will maintain a semester GPA of at least 2.0 and not withdraw or fail to receive credits for classes enrolled. I will only enroll in hours that are recognized as required courses towards graduation. Once my appeal is approved, I will need to sign a SAP contract, supplied by the Financial Aid Office, before my financial aid can be disbursed.

I understand that if I do not meet these requirements I will be ineligible to receive financial aid and will be responsible for payments toward my student bill until I meet all satisfactory academic progress standards.

By signing below, I am certifying that I have read the information listed above and that I understand the conditions required in order for my financial aid appeal to be granted. I also understand that failure to complete these requirements may result in the loss of my financial aid.

I hereby certify that all information contained in this appeal, including the personal statement and documentation, is true and complete to the best of my knowledge. I am aware that falsified documentation will result in an immediate denial of my appeal.

Student Signature: _____ Date of Application Submission: _____

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ATTENTION ADVISORS-A student's appeal will only be considered with the submission of a completed academic plan developed by the student and his or her advisor. The plan must demonstrate an outline of the coursework necessary to achieve the minimum Satisfactory Academic Progress (SAP) standards. At the end of each semester, the student's academic record will be reviewed to ensure that he or she is following the plan.

SECTION 1-STUDENT INFORMATION

Student's Name: _____ Student ID: 942-_____

Current Major: _____ Anticipated Graduation Date: _____

SECTION 2-ACADEMIC PLAN

Develop a plan that includes the classes and grades he or she must earn to ensure SAP will be met within the timeframe provided. The number of semesters required depends on the student's situation; however, there are restrictions to the timeframe. If the student is enrolled in a certificate program, the plan may not exceed two full time semesters or four part time semesters. If the student is enrolled in an associate degree program, the plan may not exceed four full time semesters or eight part time semesters.

ONLY OUTLINE THE COURSES NEEDED FOR THE STUDENT'S CURRENT MAJOR. If the student's cumulative GPA is currently below a 2.0, please indicate the actual grades needed to be earned in order to achieve SAP standards (no grade below a C should be recorded here).

Semester 1

Course Name	Credit Hours/Grade Needed to Ensure SAP
Example: Math 110	3/B

Semester 2

Course Name	Credit Hours/Grade Needed to Ensure SAP

Semester 3

Course Name	Credit Hours/Grade Needed to Ensure SAP

Semester 4

Course Name	Credit Hours/Grade Needed to Ensure SAP

Semester 5

Course Name	Credit Hours/Grade Needed to Ensure SAP

Semester 6

Course Name	Credit Hours/Grade Needed to Ensure SAP

Semester 7

Course Name	Credit Hours/Grade Needed to Ensure SAP

Semester 8

Course Name	Credit Hours/Grade Needed to Ensure SAP

ADDITIONAL COMMENTS: _____

By signing, I certify that I have discussed the academic plan contained in this recommendation with the student.

Academic Advisor: _____ Date: _____

Student: _____ Date: _____

Mountwest Community and Technical College
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